

NCMMIS Submitting a Dental Claim Participant User Guide

PREPARED FOR:

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**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES
AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE
STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

Document Revision History

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2.0 Create a Dental Claim

2.1 INTRODUCTION

The NCTracks interactive Claim Submission System supplies a secure-access, browser-based application for providers to enter claims transactions. This claims systems is an electronic version of the **Dental (ADA 2006/837D) Claim** form. Claims are submitted real-time, which means the user receives an immediate status notification of the claim (paid, denied, or pending).

2.2 OBJECTIVES

The training takes the user through the process of entering a dental claim. The NCTracks system adjudicates the claim based on the Payer, NPI/Taxonomy, and Benefit Plan.

This document demonstrates how to create a dental claim for a Treatment for Oral Pain. The user will then create dental claims for **Extraction – Sedation** and **Periodic Orthodontic Treatment – Contract**. The data sheets for the examples are located in [Addendum B](#).

Each section has a graphic illustration followed by numbered **steps**. The numbers on the image correspond with the numbers in the **steps**.

2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to [Addendum A](#)):

- ❖ Navigational breadcrumbs
- ❖ System-Level Help – Indicated by the “NCTracks Help” link on each page
- ❖ Page-Level Help – Indicated by the “Help” link above the Legend
- ❖ Legend
- ❖ Data/Section Group Help – Indicated by a question mark (?)
- ❖ Hover-over or Tooltip Help on form elements

NOTES:

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3.0 Create a Dental Claim Demonstration

3.1 CREATE A CLAIM FOR TREATMENT OF ORAL PAIN

The Claims tool is accessed through the NCTracks Provider portal. The **Create Dental Claim** option is found under the **Claims** menu. The menu also contains Claims Status, Claims Draft Search, Create Pharmacy Claim, Pharmacy Claims Reversal, Create Professional Claim, and Create Institutional Claim options.

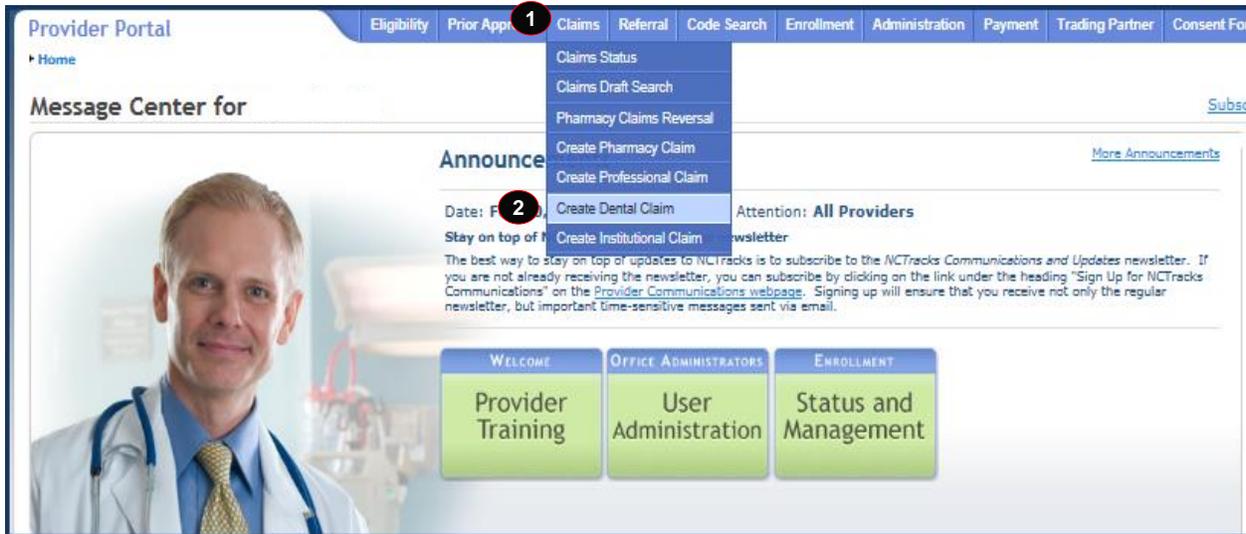


Exhibit 1. NCTracks Provider Portal

Step	Action
1	Hover over the Claims menu.
2	Select Create Dental Claim . The Verify Patient screen displays.

3.2 VERIFY PATIENT

The **Verify Patient** screen displays required information to verify eligibility under **Base Information**, select a Group, and select the provider’s NPI. The system then verifies eligibility for the recipient. If the recipient is not eligible, the system returns a message similar to “Patient eligibility not found with entity”. A red asterisk indicates a required field.

Base Information:

- ❖ Account Information: The Group or Individual Provider name from the provider enrollment process.
- ❖ Group: The user-defined group associated with the user’s ID logged into NCTracks. Identifies the Security group to which the login ID belongs.
- ❖ NPI / Atypical ID: The National Provider Identifier or the unique identifier (for providers who perform atypical services only and do not have an NPI) associated with the login ID.
- ❖ Address: The physical address of the provider.
- ❖ Taxonomy Code: Taxonomy codes are national 10-digit alphanumeric codes that classify health care providers according to the primary services they render.

- ❖ Claim Type: The training is based on submitting a Dental claim.
- ❖ Verify Button: Validates the recipient information and eligibility.

Patient Information:

- ❖ Recipient ID (RID): The user can enter the patient’s 10-digit Recipient ID or Social Security Number (SSN) and Date of Birth (DOB).
- ❖ Dates of Service: The user can enter a date or select a date using the calendar icon.

Exhibit 2. Verify Patient Screen

Step	Action (Refer to Addendum B for data sheet)
1	Account Information: Verify User ID information determined by the user’s security access.
2	NPI / Atypical ID: Select the NPI / Atypical ID from the drop-down menu.
3	Location: Select the Address from the drop-down menu (corresponds to taxonomy codes).
4	Taxonomy Code: Select a Taxonomy Code from the drop-down menu.
5	Recipient ID #: Enter the Recipient ID # (10-digit) or SSN and Date of Birth (DOB).
6	Date of Service: Enter a From date or use the calendar icon to select a date.
7	Date of Service: Enter a To date or use the calendar icon to select a date.
8	Select the Verify button.

3.3 PATIENT / INSURED

The **Patient / Insured** screen displays the Date of Service, Verified On date, Last Name, First Name, Middle Initial, Gender, DOB, and Recipient ID.

In the **Patient Information** section, the user will need to enter the patient’s current address.

Exhibit 3. Patient / Insured Screen

Step	Action
1	Address 1: Enter current Street Address . Address 2: (for Apt #)
2	City: Enter the City .
3	State: Select NC from the drop-down menu.
4	ZIP Code: Enter the 5- or 9-digit ZIP code .
5	Select the Next button to proceed to the Claim Information screen.

NOTES:

3.4 CLAIM INFORMATION

The **Claim Information** screen allows the user to enter general information about a dental claim. This web page contains a number of collapsible/expandable sections. Normal default

behavior displays the sections collapsed. Sections expand or collapse when the user selects Yes or No for entering information for those sections. Use the following steps to enter the required information.

The patient’s Last Name, First Name, and Recipient ID are displayed on the top banner, below the tabs. The same information is displayed on the **Provider Information**, **Other Payers**, and **Service(s)** screens.

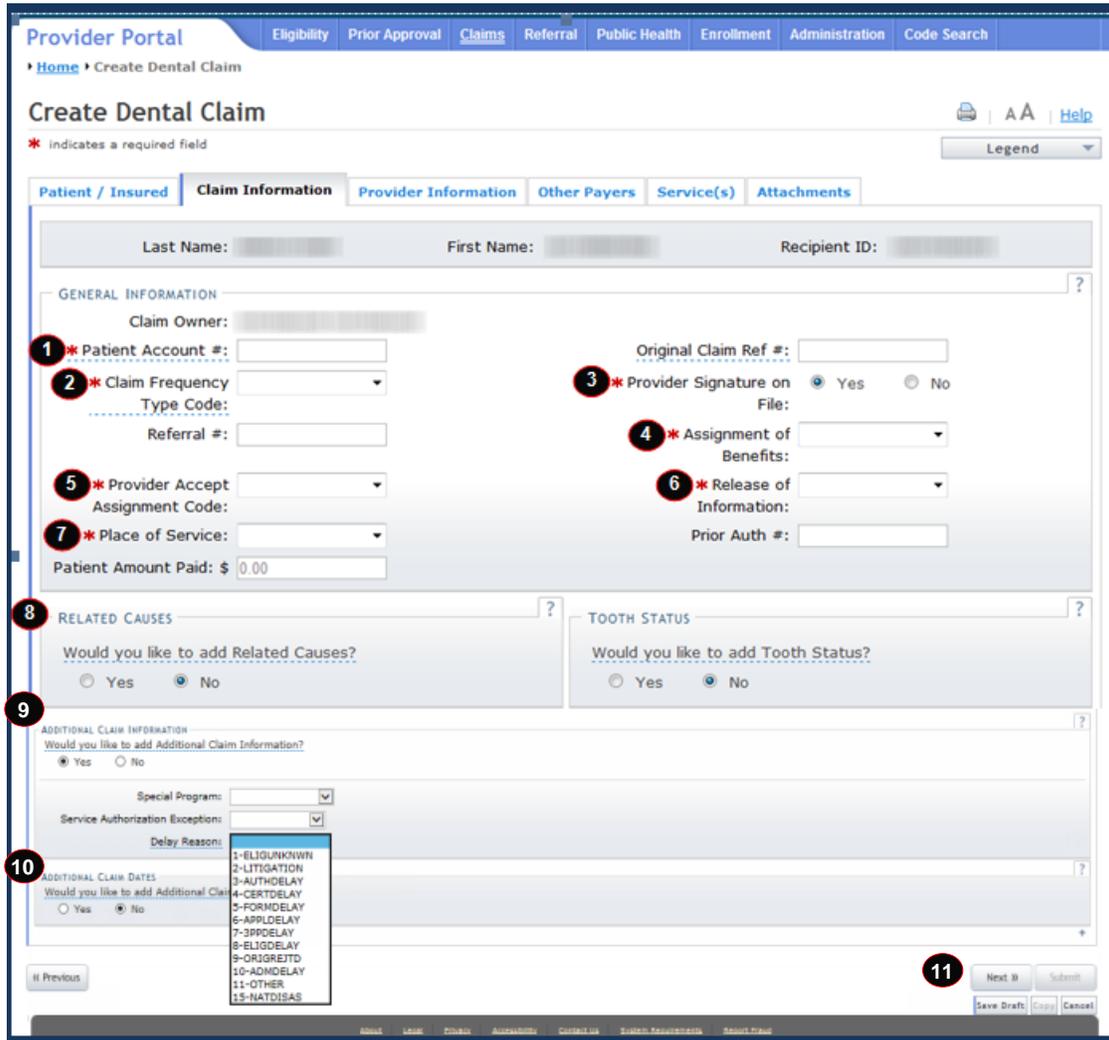


Exhibit 4. Claim Information Screen

Step	Action
1	Patient Account #: Number used to identify the claim within the user’s system.
2	Claim Frequency Type Code: Select 1-ADMIT-DISC . Indicates the reason for submission.
3	Provider Signature on File: Yes or No – Default Yes .
4	Assignment of Benefits: Select Y-Yes from the drop-down menu (authorizes benefits to be assigned to the provider).

Step	Action
5	Provider Accept Assignment Code: Select A-ASSIGNED – indicates the provider chooses to accept Medicare assignment (assigned, not assigned, lab only).
6	Release of Information: Select Y-Signed Sta – Provider has a signed statement permitting Release of Medical Billing Data to a Claim (I- Informed C: Informed Consent to Release).
7	Place of Service: Select 11-OFFICE .
8	<p>The bottom portion of the screen displays additional information fields that are optional for processing the claim:</p> <ul style="list-style-type: none"> • Related Causes: Allows the user to enter related causes information: auto accident, work accident, other accident, another party responsible, and accident date. • Tooth Status: Allows the user to enter current tooth status for a dental claim.
9	<ul style="list-style-type: none"> • Additional Claim Information: Allows the user to add claim information such as special programs, service authorization exceptions, delay reason codes, mammogram certification number that spans multiple days, and investigational device exception. <p>When indicating that the claim is being filed after the timely filing limit, one of the following delay reason codes should be used. This will eliminate the need for the paper Medicaid Resolution Inquiry form to request an override of the time limit.</p> <ul style="list-style-type: none"> – (Third Party processing delay) – When using this code, an Explanation of Benefits (EOB) must be attached to the claim. – (Original claims rejected or denied due to a reason unrelated to the billing limitation rules) – When using this code, an EOB must be attached to the claim.
10	Additional Claim Dates: Allows the user to enter other dates for Related Causes (Accident Date).
11	Select the Next button to proceed to the Provider Information screen.

3.5 PROVIDER INFORMATION

The **Provider Information** screen allows the user to confirm or select a different Billing Provider and update the Rendering Physician, Assistant Surgeon, Service Facility, and Supervising Provider. These providers are also available for assigning on the **Service(s)** screen per **Service Lines** section. For the initial assignment, the providers should be specified here on the **Provider Information** screen. This page contains a number of collapsible/expandable sections, when the user selects Yes or No.

The user will verify that the NPI, Address, and Taxonomy are correct. In this next example, the Billing Provider will not change but the user will assign a Rendering Provider.

Exhibit 5. Provider Information Screen

Step	Action
1	Provider Type: Select Person (billing provider is the same as filing provider).
2	Address: Select the Address (if not the billing address).
3	Taxonomy Code: Select the Taxonomy Code (if not the correct Taxonomy Code).
4	Federal Tax ID: Enter the provider's Federal Tax ID .

3.5.1 Rendering Provider

The **Rendering Provider** screen allows the user to enter information about the dentist who provides the medical services, if other than the Billing Provider. When the user selects No to the 'Is the Rendering Provider the same as the Billing Provider?' question, the **Rendering Provider** section expands.

When selecting a provider, the user can either enter the provider's NPI number or use the **Select Favorite** feature. When the user enters an NPI number, the user must validate that provider by selecting the **Validate** button. In this example, the user will use the **Select Favorite** feature to select the Rendering Provider. This same selection method can be used to select an Assistant Surgeon, Service Facility Location, and Supervising Provider.

Exhibit 6. Rendering Provider Screen

Step	Action
1	Is the Rendering Provider the same as the Billing Provider?: Select No . The Rendering Provider section expands.
2	Provider Type: Select Person .
3	Select the Select Favorite button.

NOTES:

3.5.2 Add/Select Favorite

The **NCTracks: Provider Favorites** feature allows the user to search for a provider and add the provider to the **NCTracks: Provider Favorites** list or select a provider from the favorites list. This next action searches for a provider and adds the provider to the **NCTracks: Provider Favorites** list. The user then selects that provider by selecting the provider’s NPI / Atypical ID hyperlink.

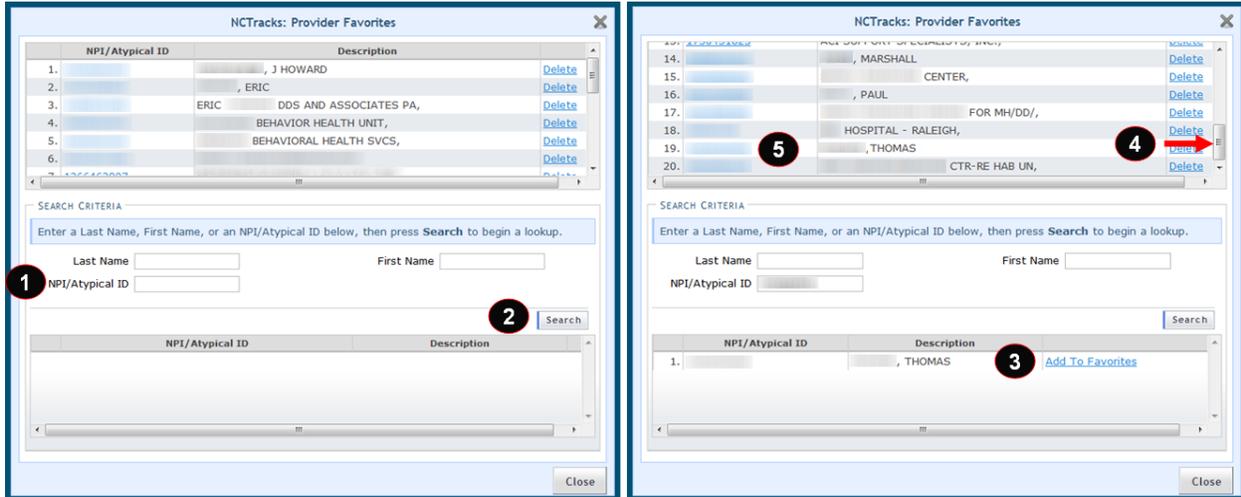


Exhibit 7. NCTracks: Provider Favorites

Step	Action
1	NPI / Atypical ID: Enter the NPI # .
2	Select the Search button.
3	Select the Add To Favorites button.
4	Locate the provider on the favorites list.
5	Select the provider’s NPI/Atypical ID hyperlink.

NOTES:

3.5.3 Validating Rendering Provider

After using the **NCTracks: Provider Favorites** tool to select the provider, the user must select the provider's Address. Depending on the address, the user may also need to select the Taxonomy Code.

The screenshot shows a web form titled "Validating Rendering Provider". At the top, it asks "Is the Rendering Provider the same as the Billing Provider?" with radio buttons for "Yes" and "No". Below this is a section for "RENDERING PROVIDER" with a search icon. A red circle with the number "1" highlights the "* Provider Type" section, which has radio buttons for "Person" and "Non-Person Entity". A red circle with the number "2" highlights the "* Address:" dropdown menu. A red circle with the number "3" highlights the "* Taxonomy Code:" dropdown menu. A red circle with the number "4" highlights a "Validate" button. Below the address and taxonomy fields are input fields for "Last Name:", "First Name:", "Address1:", "Address2:", "City:", "State:", "ZIP Code:", "Phone:", and "Fax:". A red circle with the number "5" highlights the "ASSISTANT SURGEON" section, which asks "Would you like to add Assistant Surgeon?" with "Yes" and "No" radio buttons. Below that is the "SERVICE FACILITY LOCATION" section, asking "Would you like to add Service Facility Location?" with "Yes" and "No" radio buttons. At the bottom is the "SUPERVISING PROVIDER" section, asking "Would you like to add Supervising Provider?" with "Yes" and "No" radio buttons. At the very bottom, there are navigation buttons: "Previous", "Next", "Submit", "Save Draft", "Copy", and "Cancel". A red circle with the number "6" highlights the "Next" button. A footer bar contains links for "About", "Legal", "Privacy", "Accessibility", "Contact Us", and "Browser Support".

Exhibit 8. Validating Rendering Provider

Step	Action
1	Provider Type: Select Person .
2	Address: If a provider has more than one location, more than one address will be displayed in the drop-down menu. Select the Address where the service was rendered.
3	Taxonomy: If a provider has more than one taxonomy associated with a service location, more than one taxonomy code will be displayed in the drop-down menu. Select the Taxonomy Code .

Step	Action
4.	Validate button: Use this button to verify the information in the section.
5	Assistant Surgeon section: Allows the user to enter assistant surgeon information for a dental claim. Service Facility Location section: Allows the user to enter service facility location information for a dental claim. Supervising Provider section: Allows the user to enter supervising provider information for a dental claim.
6	Select Next to proceed to the Other Payers screen.

3.6 OTHER PAYERS

The **Other Payers** screen allows the user to enter information for third-party payers on a dental claim. When Yes is selected, the **All Other Payers** section expands. If third-party insurance policies are in effect, payments made by those policies will need to be reflected here. The **All Other Payers** section has three required fields: Other Payer Name, Date Paid, and Paid Amount.

If applicable, the user can add more than one payer by selecting the **Add** button. The **Clear** button clears the current entry information. To delete a payer, select the **Remove Service Line** button in the last column of the line item. In this exercise, there are no other payers assigned. Selecting No collapses the All Other Payers section. Selecting the **Next** button advances to the **Service(s)** screen.

Exhibit 9. Other Payers Screen

Step	Action
1	Would you like to add All Other Payers? Select Yes . The All Other Payers section expands.
2	Other Payer Name: Medicare

Step	Action
3	Date Paid: Select a Date .
4	Paid Amount: 15.00
5	Select Add . The Editing Row #1 section expands.

In the **Editing Row #1** section, the required fields are Other Payer Primary ID, Date Paid, Paid Amount, Last Name, Other Insured Identifier, Payer Sequence, Relationship, Claim Filing Ind, Assignment of Benefits, and Release of Information.

ALL OTHER PAYERS

Would you like to add All Other Payers?
 Yes No **6**

Removing an Other Payer in this section will remove all its instances.

* Other Payer Name	Other Subscriber Name	* Date Paid	* Paid Amount
1. Medicare		03/22/2013	15.00

Editing Row #1

Other Payer Information

* Other Payer Primary ID: Payer Claim Id Number:
 Other Payer Name: Medicare Other Payer Secondary ID: * Date Paid: 03/22/2013
 * Paid Amount: \$ 15.00

Other Subscriber

* Last Name: First Name: Middle Initial:
 * Other Insured Identifier: Other Insured Additional Identifier: Insurance Type Code:
 * Payer Sequence:

Address 1: City:
 Address 2: State: Zip: 00000-0000

* Relationship: * Claim Filing Ind:
 Group Name: Group #:

Other Insurance Coverage Information

* Assignment of Benefits: * Release of Information:

Other Amounts

Remaining Patient Liability: \$ 0.00 COB Total Non-Covered Charge Amount: \$ 0.00

Claim Level Adjustments

Would you like to add Claim Level Adjustments?
 Yes No

Save Other Payer Cancel Changes Clear

Exhibit 10. All Other Payers Editing Row #1

Step	Action
6	Would you like to add All Other Payers?: Select No . The All Other Payers section collapses. Note: If the user selects Yes again, the system retains the previously entered data.

3.7 SERVICE(S)

The **Service(s)** screen allows the user to enter Diagnosis Information and Service Lines detail information. To expand or collapse these sections, select anywhere along the section's title bar.

3.7.1 Diagnosis Information

The **Diagnosis Information** section is used to assign the ICD-9-CM or ICD-10-CM codes describing the principal diagnosis. The ICD Version field defaults to ICD-10; the user can change the value to ICD-9. This field is sent through a Web service in dental claim submission. It is also used in diagnosis code lookup functionality to limit results to diagnosis codes of ICD-9 or ICD-10 only according to user selection. The length of the diagnosis codes is extended to 10 characters.

Exhibit 11. Service(s) Screen

Step	Action
1	Select the Select Favorite button. The NCTracks: Code Favorites window displays.

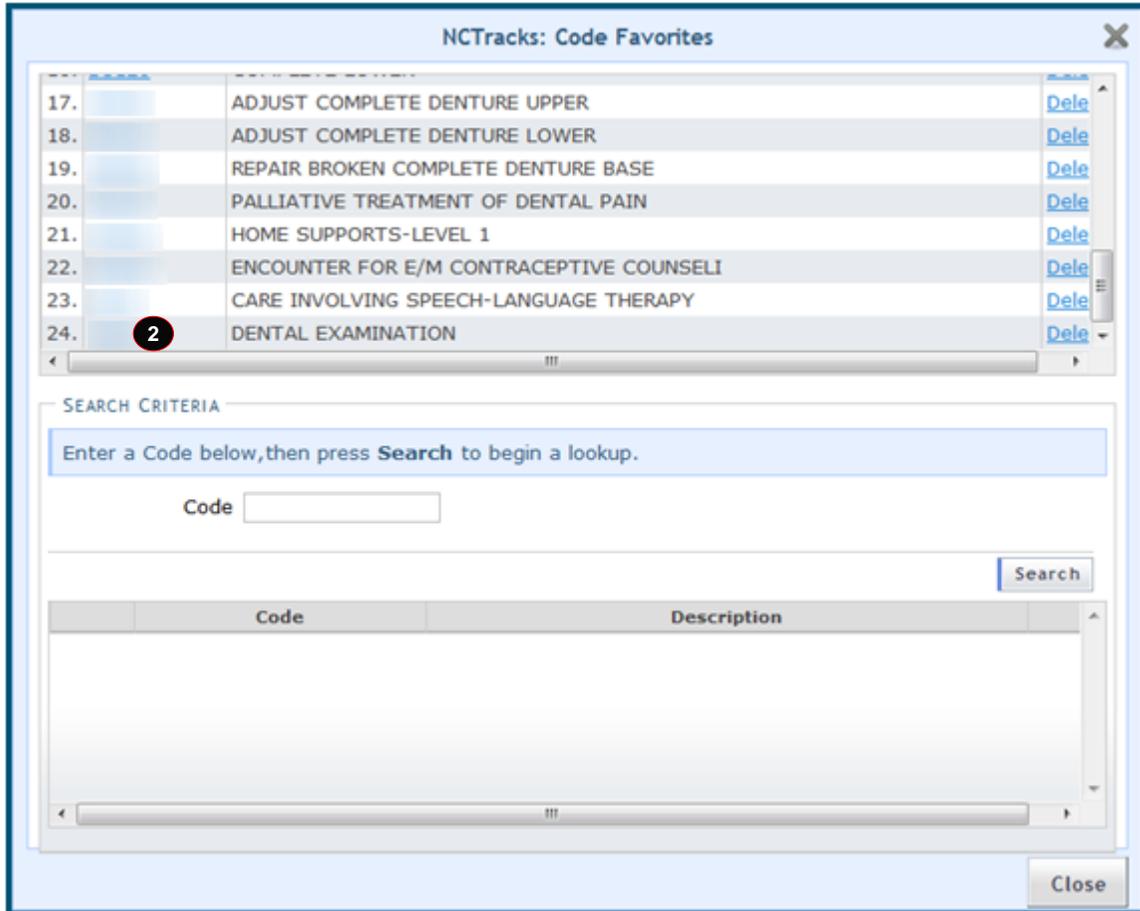


Exhibit 12. Select Favorite

Step	Action
2	Select the Z0120 hyperlink (Dental Examination). The NCTracks: Code Favorites window automatically closes.

Create Dental Claim

* Indicates a required field

Legend

Patient / Insured * Claim Information * Provider Information * Other Payers **Service(s)** Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

* ICD VERSION
 ICD-10 ICD-9

DIAGNOSIS INFORMATION

Choose Favorite: Select Favorite...

Diagnosis Code	Description
<input type="text"/>	<input type="text"/>

3 Add Clear

After a row has been added, click on the row to add / edit more details for an individual row.

SERVICE LINES

* Date(s) of Service	* ADA Code	Modifiers	Pointers	Area of Oral Cavity	Tooth #	Tooth Surface Code	* Amount	Procedure Count	Line Item Control Number
mm/dd/yyyy	<input type="text"/>	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O	\$0.00	1	<input type="text"/>				

Add Clear

Exhibit 13. Diagnosis Code – Add

Step	Action
3	Select the Add button to add the line item.

3.7.2 Service Lines

The **Service Lines** section allows the user to enter service line item details for a dental claim. The user can add Date(s) of Service, ADA (American Dental Association) procedure codes, the Area of Oral Cavity, Tooth Numbers, Tooth Surface Codes, and the billed Amount.

The user can either enter the ADA code into the field or use the **ADA Code Search** button to populate the code. The user can add a code to their Code Favorites list by entering a code in the **Search Criteria** section and selecting the corresponding Add To Favorites hyperlink for the code.

After a row has been added, click on the row to add / edit more details for an individual row.

SERVICE LINES

* Date(s) of Service	* ADA Code	Modifiers	Pointers	Area of Oral Cavity	Tooth #	Tooth Surface Code	* Amount	Procedure Count	Line Item Control Number
02/20/2013	D9110	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O	\$	<input type="text"/>	<input type="text"/>

1 2 Add Clear

« Previous Next » Submit Save Draft Copy Cancel

About Legal Privacy Accessibility Contact Us Browser Support

Exhibit 14. Service Lines Section

Step	Action
1	Date(s) of Service: Select the Date .
2	Select the ADA Code Search button. The NCTracks: Code Favorites window displays.

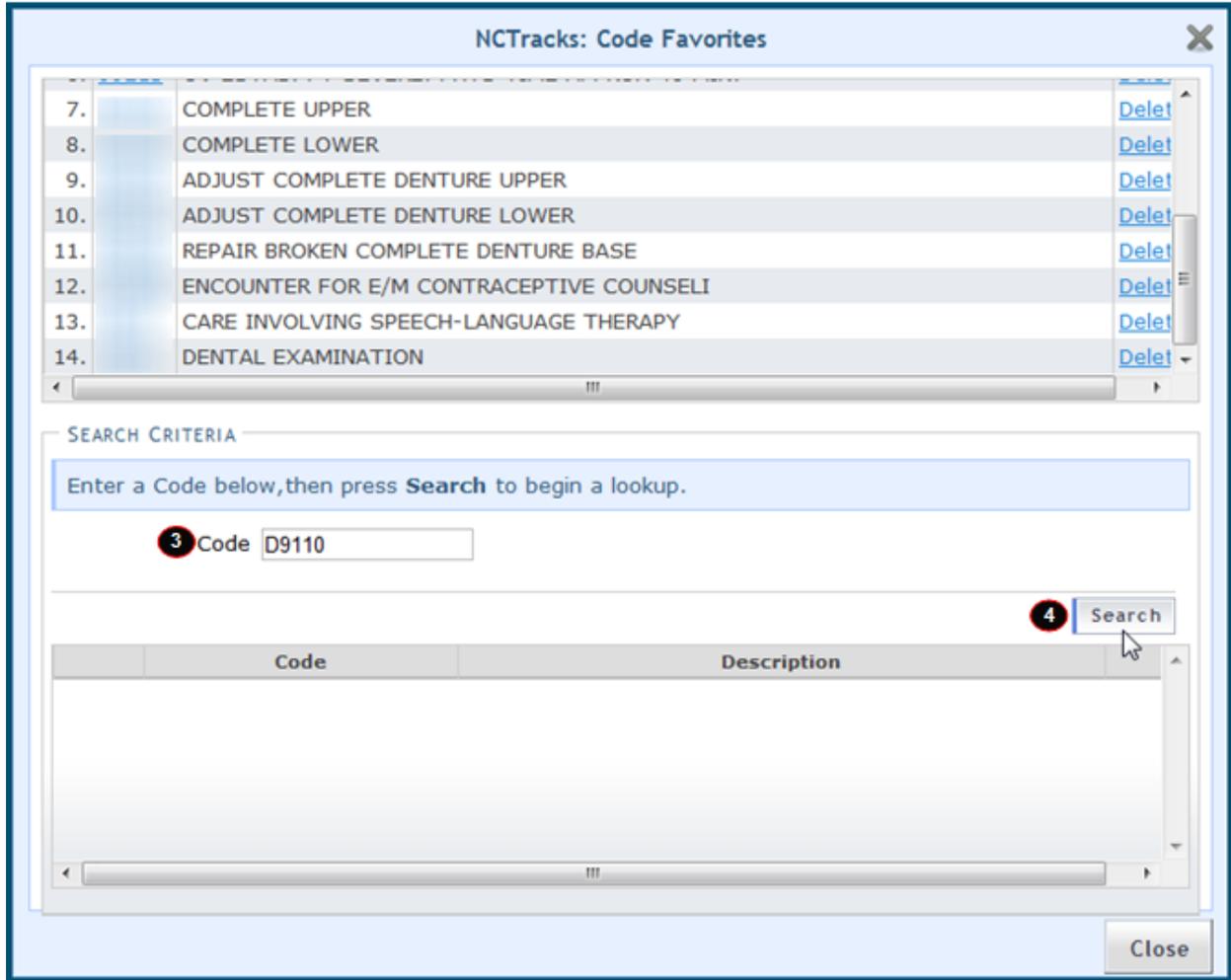


Exhibit 15. NCTracks Code Favorites

Step	Action
3	Code: Enter D9110 – Palliative Treatment of Dental Pain.
4	Select the Search button. The search results populate the results section.

NCTracks: Code Favorites X

7.	COMPLETE UPPER	Delet
8.	COMPLETE LOWER	Delet
9.	ADJUST COMPLETE DENTURE UPPER	Delet
10.	ADJUST COMPLETE DENTURE LOWER	Delet
11.	REPAIR BROKEN COMPLETE DENTURE BASE	Delet
12.	ENCOUNTER FOR E/M CONTRACEPTIVE COUNSEL	Delet
13.	CARE INVOLVING SPEECH-LANGUAGE THERAPY	Delet
14.	DENTAL EXAMINATION	Delet

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

Code	Description	
1. D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	Add To Favorites

5

Exhibit 16. Add To Favorites

Step	Action
5	Select the Add To Favorites hyperlink.

NOTES:

6 NCTracks: Code Favorites

8.	COMPLETE LOWER	Delet
9.	ADJUST COMPLETE DENTURE UPPER	Delet
10.	ADJUST COMPLETE DENTURE LOWER	Delet
11.	REPAIR BROKEN COMPLETE DENTURE BASE	Delet
12.	ENCOUNTER FOR E/M CONTRACEPTIVE COUNSELI	Delet
13.	CARE INVOLVING SPEECH-LANGUAGE THERAPY	Delet
14.	DENTAL EXAMINATION	Delet
7	D9110 PALLIATIVE TREATMENT OF DENTAL PAIN	Delet

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

Code	Description	
1. D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	Add To Favorites

Exhibit 17. Select Diagnosis Code Hyperlink

Step	Action
6	Locate the D9110 code in the NCTracks: Code Favorites list.
7	Select the D9110 hyperlink. The NCTracks: Code Favorites window closes.

NOTES:

Exhibit 18. Service Line

Step	Action
8	Pointers: 1 – allows the user to associate the line item with the Diagnosis Code entered.
9	Enter Amount: 110.00
10	Select the Add button. Line Item #1 is added and the Editing Row # section expands.

3.7.3 Edit Row

The user can edit information such as ADA Code, Area of Oral Cavity, Tooth #, Tooth Surface Code, and Amount. In the **General Information** section, the user can add the Place of Service (which is required), Referral #, and Prior Auth #.

Exhibit 19. Add Additional Line Items

Step	Action
11	Would you like to add Additional Line Item information?: Select Yes . The Additional Line Item Information section expands.

Exhibit 20. Additional Line Item Information

Step	Action
12	<p>Additional Line Item Information:</p> <ul style="list-style-type: none"> • Additional Oral Cavity Areas: Allows the user to enter oral cavity information. • Prosthesis, Crown or Inlay: Allows the user to enter appliance placement information. • Additional Tooth Information: Allows the user to enter additional tooth information. • All Other Payers: Allows the user to enter details regarding third-party reimbursement.

Step	Action
	<ul style="list-style-type: none"> Assistant Surgeon: Allows the user to enter assistant surgeon information. Rendering Provider: Allows the user to enter rendering provider information. Supervising Provider: Allows the user to enter supervising provider information. Service Facility Location: Allows the user to enter service location information. Line Item Adjudication Information: Allows the user to determine if there are any other payers.
13	Select the Save Service Line button. The Editing Row # section closes.

Exhibit 21. Service Line Item 1

Step	Action
14	Select the Next button to advance to the Attachments screen.

3.8 ATTACHMENTS

The **Attachments** screen allows the provider to add attachments to a claim, such as dental X-rays, treatment plans, Rx prescriptions, images, EOBs, etc. (**Note:** These are examples and are not applicable to all claims.) A provider can enter up to nine (9) attachments.

Transmission Codes represent the method of delivery: Electronic, Email, File Transfer, Mail, or On Request.

Exhibit 22. Attachments Screen

Step	Action
1	Would you like to attach files?: Select Yes . The Attachments section expands.

Exhibit 23. Attachment Type

Step	Action
2	Attachment Type: Select the Attachment Type from the drop-down menu.
3	<p>Users can select method of attachment from a list in the Attachment Transmission Code drop-down list. The available Transmission Code options are:</p> <ul style="list-style-type: none"> Mail – The application provides a mailing address to mail the attachment. EOBs can be mailed with a Claim Attachment Cover sheet in order to process a time limit override request claim. On the Claim Attachment Cover sheet, the Attachment Control Number (ACN) will display The ACN is important as it helps to ensure that the documents are attached to the correct claim. If you choose to mail additional supporting documentation for a time limit override request claim, the claim will pend until documents are received. Note: Documents must be received/attached within 30 days or the claim will deny.

Step	Action
	<ul style="list-style-type: none"> • Electronic – The application provides an Upload File button to allow the user to locate and add the attachment to the claim. When a file is uploaded, the Attachment Control Number (ACN) will be appended to the document. The ACN will ensure the documents are attached to the correct claim. The most common formats are PDF, JPEG, or PNG. • ON-REQ – This indicates additional documentation is available on request at the provider’s site.
4	<p>Attachment Supplement: Depending on the Transmission Code selected, this field will populate to allow you to either (1) browse for any electronic documents that you want to electronically attach or (2) be provided with the mailing address if there are documents that need to mailed.</p> <p>Note: In order for a claim to pass a timely filling override, an EOB must be attached to the claim.</p>
5	Would you like to attach files?: Select No . The Attachments section collapses.

3.9 SAVE AS DRAFT

At any time during the claim entry process, the user can save the claim for completion at a later date. The user saves a claim by selecting the **Save Draft** button located at the bottom of the screen.

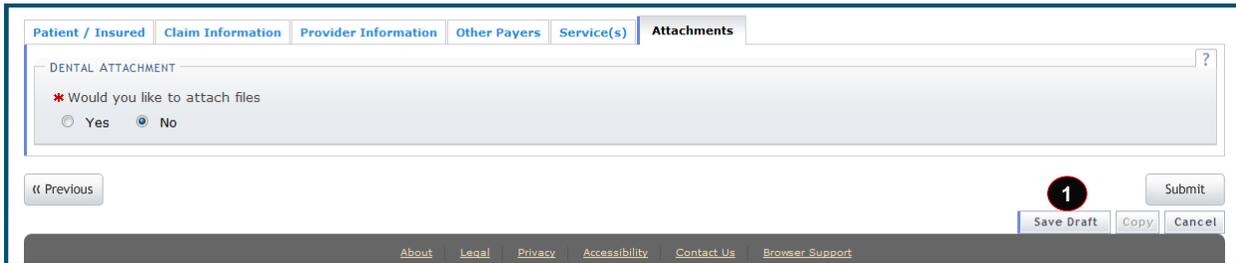


Exhibit 24. Save As Draft

Step	Action
1	Select the Save Draft button. The Draft Name window displays.

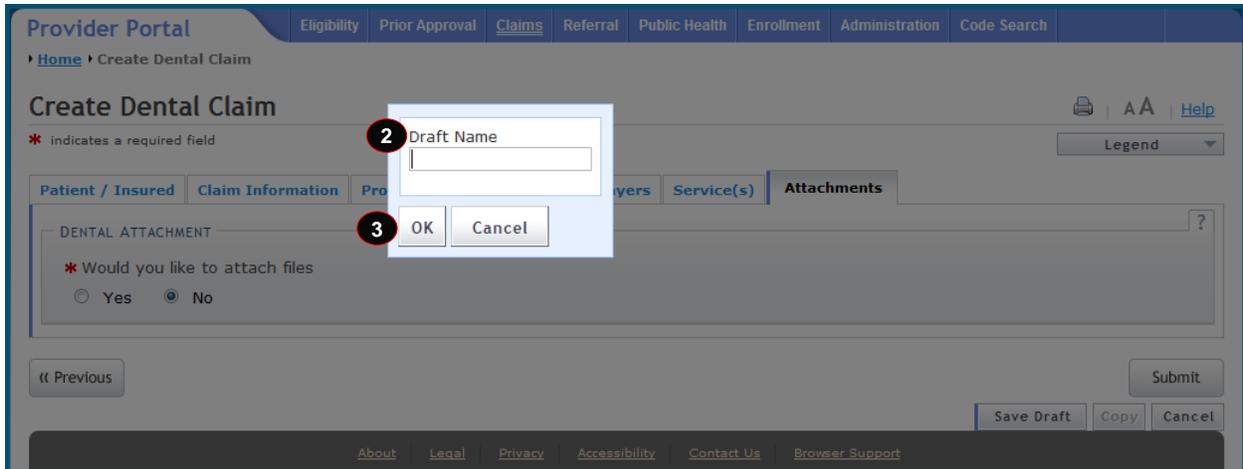


Exhibit 25. Draft Name

Step	Action
2	Enter a Name in the Draft Name field.
3	Select the OK button.

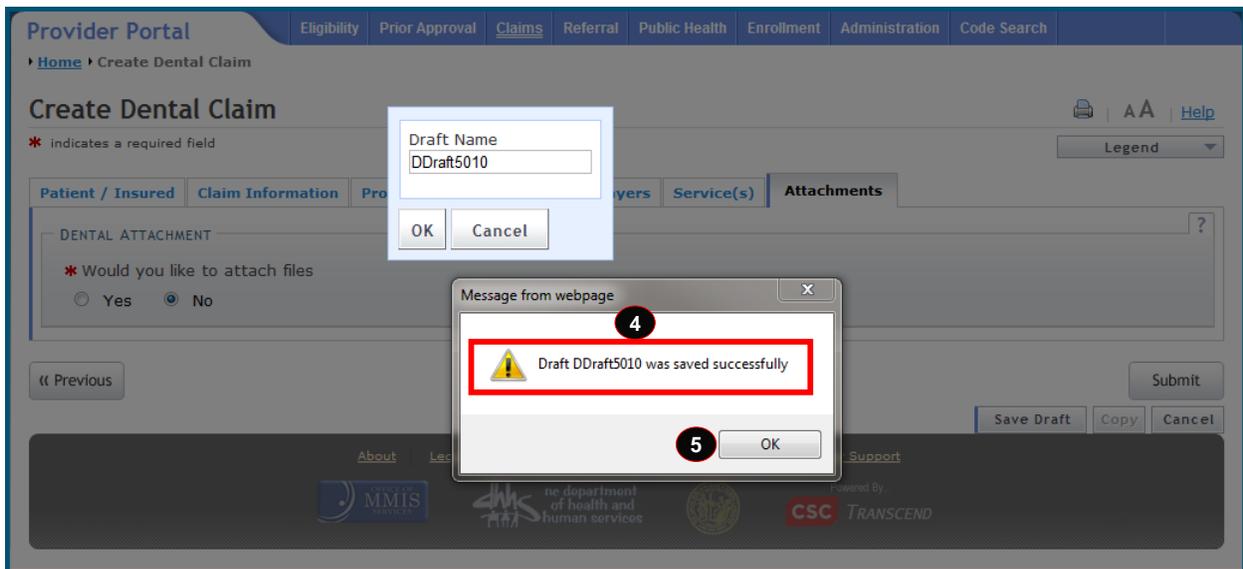


Exhibit 26. Draft Saved Successfully

Step	Action
4	Note the 'Message from webpage' window: Draft <name> was saved successfully.
5	Select the OK button.

3.10 CLAIMS DRAFT SEARCH

In order to finish the claim previously saved as a draft, the user must first find the entry. The Claims Draft Search allows users to find and manage draft claims within NCTracks.

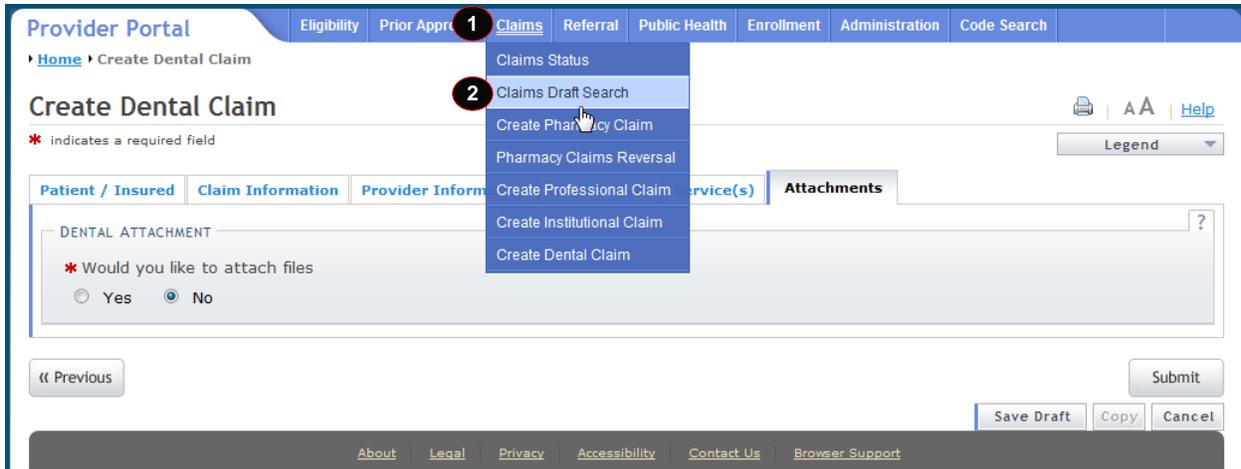


Exhibit 27. Claims Draft Search

Step	Action
1	Hover over the Claims menu.
2	Select Claims Draft Search .

3.10.1 Search Process

The Claims Draft Search is a three-step process:

- ❖ The first step is to verify the Account Information: User, Group, and NPI/Atypical ID.
- ❖ The second step is to enter the Search Options: Created Within days, Recipient Last Name, Patient Account #, Recipient ID, Rendering Provider, Claim Type, or Date(s) of Service. The user can choose to show either 'My Claims' or 'All Viewable Claims'.
- ❖ The last step is to initiate the search.

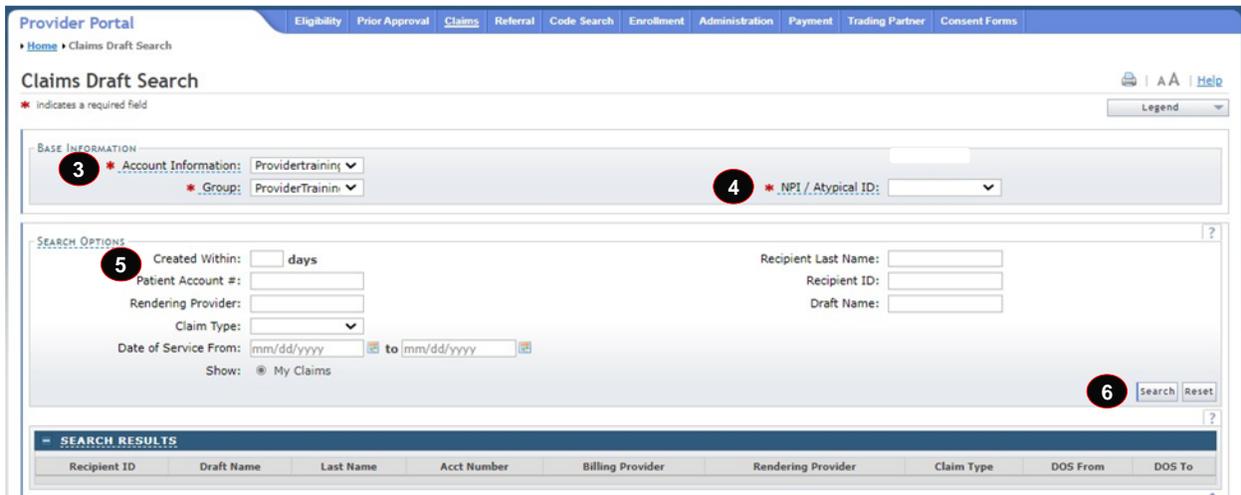


Exhibit 28. Claims Draft Search Screen

Step	Action
3	Account Information: Verify the user's Account Information is correct.
4	NPI / Atypical ID: Select the NPI number from the drop-down menu.
5	Created Within: Enter the search options, i.e., (25) number of days since created.
6	Select the Search button.

3.10.2 Search Results

The results display in the **Search Results** section, showing the Recipient ID, Draft Name, Last Name, Acct Number, Billing Provider, Rendering Provider, Claim Type, DOS From, and DOS To.

Locate the Draft Name. Select the hyperlinked value in the Recipient ID column to view the contents of that claim.

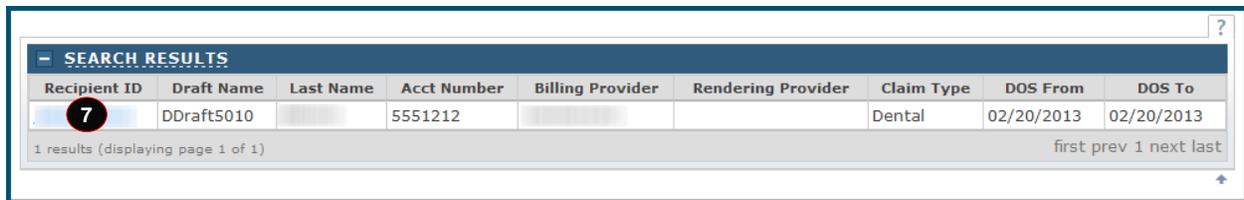


Exhibit 29. Search Results Section

Step	Action
7	Recipient ID: Select the Recipient ID hyperlink. The claim displays.

3.11 SUBMIT CLAIM AND STATUS DETAILS

Note that the **Submit** button is grayed out and is not active. The user can navigate through the tabs by selecting the **Next** buttons or select any of the tab headers to review the information entered. The **Submit** option becomes available when the **Attachments** page is active. Navigate to the **Attachments** tab.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

Create Dental Claim

* indicates a required field

Legend

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | Attachments

ELIGIBILITY RESULT

Date Of Service: 02/20/2013 Verified On: 02/27/2013

PATIENT INFORMATION

Last Name: [REDACTED] First Name: [REDACTED] Middle Initial: N
 Subscriber Gender: FEMALE Date of Birth: 02/13/1982 Recipient ID: [REDACTED]
 Code: [REDACTED]

* Address 1: [REDACTED] * City: [REDACTED]
 Address 2: [REDACTED] * State: [REDACTED]
 * ZIP Code: 00000-0000

Next >> Submit

Save Draft Copy Cancel

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Exhibit 30. Patient / Insured – Next

3.11.1 Submit Claim

The **Submit** option is now active. When the user selects **Submit** and any errors are found, NCTracks displays an Error Summary message and navigates the user to the corresponding tab. The user must fix the errors indicated and select **Submit** again to resubmit the claim.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

Create Dental Claim

* indicates a required field

Legend

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | **Attachments**

DENTAL ATTACHMENT

* Would you like to attach files

Yes No

« Previous

8 Submit

Save Draft Copy Cancel

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Exhibit 31. Attachments Screen – Submit

Example Error Summary

Error Summary

Please fix the following errors before you proceed. If applicable, the error message is linked to an associated field.

- [Attachment Tab: Please confirm attachment request](#)

Exhibit 32. Submit / Error Summary

Step	Action
8	Select the Submit button.

3.11.2 Claim Status Details

When the user submits the claim, the claim status details display on the **Claim Status Details** screen. The screen has four sections: **Patient**, **Billing Provider**, **Primary Status**, and **Lines** (Line Items).

The screenshot shows the 'Claim Status Details' screen with the following sections and data:

- 1 PATIENT:** Name, Recipient ID.
- 2 BILLING PROVIDER:** Provider Name, NPI.
- 3 PRIMARY STATUS:**
 - Payer Claim ID, Account #: 1234, Claim Status Date: 04/04/2023
 - Charge Amount: \$875.00, Paid Amount: \$460.48, Claim Date of Service: 06/22/2022 - 06/22/2022
 - Check Date, Check #, Adjudication Date: 06/22/2022
 - Payment Method, Prescription Number, Category Code Desc: FINALIZED/PAYMENT-THE CLAIM/LINE HAS BEEN PAID.
 - Status Code: 65, Status Code Desc: Claim/line has been paid.
- 4 LINES:**

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1 3	Claim has been adjudicated and is awaiting payment cycle.	D7140	\$125.00	\$63.44	1.000	04/04/2023		
2 3	Claim has been adjudicated and is awaiting payment cycle.	D7311	\$250.00	\$100.64	1.000	04/04/2023		
3 3	Claim has been adjudicated and is awaiting payment cycle.	D9222	\$200.00	\$74.10	1.000	04/04/2023		
4 3	Claim has been adjudicated and is awaiting payment cycle.	D9223	\$300.00	\$222.30	3.000	04/04/2023		

Exhibit 33. Claim Status Details Screen

Section	Description
1	Patient ID Information – Name, DOB, Recipient ID, Gender
2	Billing Provider – Organization/Individual Name and NPI/Atypical ID number
3	Primary Status – Payer Claim ID, Account #, Claim Status Date, Charge Amount, Paid Amount, Claim Date of Service, Check Date, Check #, Adjudication Date, Payment Method, Category Code, Category Code Description, Status Code, Status Code Description

Section	Description
4	Lines – Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, Other Status 2

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4.0 Claim Status and Claim Copy Demonstration

4.1 RESUBMIT A CLAIM

This demonstration shows the process for researching a Claim Status and copying a claims record for resubmitting a claim. It is a two-step process:

- ❖ Search the status of the claim.
- ❖ Copy the claim details to a new claim allowing for the resubmission of the claim.

This claims process is the same for all claim types. The illustrations in this section show a status for a dental claim.

The **Claim Status** screen is used to search for the status of a submitted claim. In the NCTracks Provider portal, the **Claims Status** option is located under the **Claims** menu.



Exhibit 34. Claim Status

Step	Action
1	Hover over the Claims menu.
2	Select Claims Status . The Claim Status Request screen displays.

4.2 CLAIM STATUS REQUEST

The **Claim Status Request** screen has three sections: **Base Information**, **Claim Search**, and **Claims** (Results). The required fields are Dates of Service (From and To) and Recipient ID. Using as many fields (criteria) as possible for the search will return a quicker and more accurate response. All required fields are denoted by a red asterisk.

Exhibit 35. Claim Status Request

Step	Action
3	Account Information: Identifies the Account based on the User ID used to log into the system. Select the Account Information from the drop-down menu. Group: Identifies the Security group to whom the logon User ID belongs. Select the Group from the drop-down menu.
4	NPI/Atypical IDs: A list of all of the providers for which this user is authorized. Select the NPI/Atypical ID from the drop-down menu.
5	Date of Service: Enter the Claim’s From Date of Service or use the calendar icon to select a date.
6	Date of Service: Enter the Claim’s To Date of Service or use the calendar icon to select a date.
7	Recipient ID: Enter the Recipient ID number.
8	Select the Search button. The Claim Status Request search results display.

Provider Portal

Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claim Status Request

Claim Status Request

* indicates a required field

Legend

BASE INFORMATION

* Account Information: Providertraining
 * Group: ProviderTrainin
 * NPI / Atypical ID:

CLAIM SEARCH

To aid in your search, please enter the following information as completely as possible.

* Date of Service From: 03/01/2023 to * 03/15/2023
 * Recipient ID:
 TCN:
 Patient Account #:
 Claim Billed Amount: 0.00

Search Clear

CLAIMS

TCN	Recipient ID	Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
			03/01/2023 - 03/01/2023	03/24/2023	F2 - FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.	585 - Denied Charge or Non-covered Charge

1 results (displaying page 1 of 1) first prev 1 next last

9

Exhibit 36. Claim Status Request Result

Step	Action
9	Select the TCN hyperlink. The Claim Status Details screen displays. The next step is to load the original claim.

Provider Portal

Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms

Home > Claim Status Request > Claim Status Details-

Claim Status Details-

* indicates a required field

Legend

PATIENT

Name:
 Recipient ID:

BILLING PROVIDER

Provider Name: NPI:

PRIMARY STATUS

10 Payer Claim ID: Account #: Claim Status Date:
 Charge Amount: Paid Amount: Claim Date of Service:
 Check Date: Check #: Adjudication Date:
 Payment Method: Prescription Number:
 Category Code: Category Code Desc:
 Status Code: Status Code Desc:

LINES

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1	26 Entity not found.	31536	\$2,700.00	\$0.00	1.000	03/27/2013		

1 results (displaying 1-1) first 1 last

Exhibit 377. Claim Status Details

Step	Action
10	Payer Claim ID. Select the Payer Claim ID hyperlink. The original claim details display. The user can view the claim line item information: Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, and Other Status 2.

4.3 COPY

The claim displays as read-only on all screens. Notice that the data fields are grayed out. To make changes and resubmit the claim, the claim must be copied to a new claim. In fact, the only action is to copy the claim.

Exhibit 38. Claim Copy

Step	Action
1	Select the Copy button.

4.4 NEXT STEPS

You have submitted a dental claim for Treatment for Oral Pain. The next step is to create an Extraction – Sedation claim using the data from [Section B.2](#) (Extraction – Sedation). After completing the Extraction – Sedation claim, create a Periodic Orthodontic Treatment using the data from [Section B.3](#) (Periodic Orthodontic Treatment – Contract).

5.0 Resources

For further clarification or guidance on specific policies, please access the Office of NCTracks at: <http://www.ncmmis.ncdhhs.gov>.

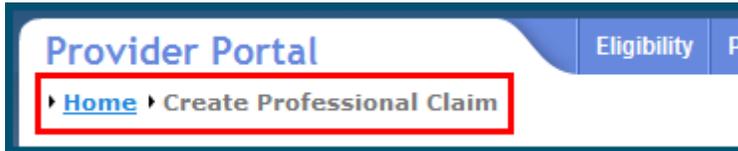
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Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

- ❖ Navigational breadcrumbs
- ❖ System-Level Help – Indicated by the “NCTracks Help” link on each page
- ❖ Page-Level Help – Indicated by the “Help” link above the Legend
- ❖ Legend
- ❖ Data/Section Group Help – Indicated by a question mark (?)
- ❖ Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



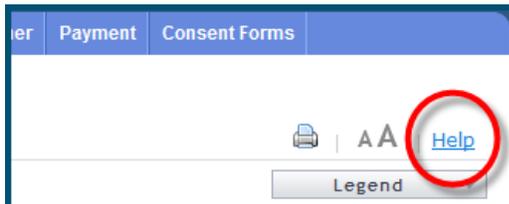
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



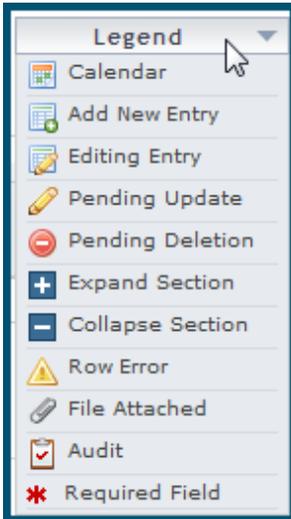
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group Help.

Page-Level Help



Page-Level Help opens a modal window with all of the Data/Section Group help topics for the current page. The Page-Level Help link displays across from the page title of any web application form page.

Form Legend



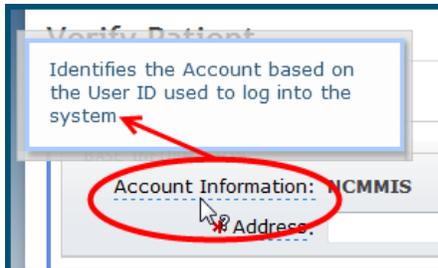
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help



Data/Section Group Help targets the same modal window as Page-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

Tooltip Help



Tooltip help is available via a popup box that appears slightly above the page element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

Addendum B. Data Sheets

B.1 TREATMENT FOR ORAL PAIN

Claim-specific information for this exercise is listed in the following table. Use defaults or create information for all other fields.

Data
NPI/Atypical ID: Valid NPI
Recipient ID: Valid RID
Address: (select corresponding address to Taxonomy)
Taxonomy: 1223G0001x – General Practice
Dates of Service: Use the same date of service for the From and To dates
Enter Patient Information: (street address)
Patient Account #: (create)
Submission Reason: 1-ADMIT-DISC
Accept Medicare Assignment: A-Assigned
Place of Service: 11-Office
Diagnosis: VZ01.20 – Dental Exam
Date(s) of Service: Select Date
ADA Code: D9110 – Palliative Treatment of Dental
Pointer: 1
Area of Oral Cavity: Leave blank Tooth #: Leave blank Tooth Surface Code: Leave blank
Amount: 110.00

NOTES:

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